



APPLICATION FOR EMPLOYMENT

City of Beaumont
Personnel Department
550 East Sixth Street
Beaumont, CA 92223
951.769.8520

Completion of an application is part of the examination process for all jobs. A separate and complete application must be filled out for each position for which you are applying. All requested information must be furnished on the application itself. Resumes or attachments may be included, but cannot be substituted for an application form. It is important that you answer all questions on your application fully and accurately. Failure to do so may disqualify you from being considered for the position. You must meet all entrance requirements, including possession of certificates or licenses required for eligibility at the time of application. Any exceptions are stated in the job bulletin. The City of Beaumont is an Equal Opportunity Employer.

Applications received after the final filing date will not be accepted.

Position Applying For

Date

Last Name

First Name

Middle

Address

City

State

Zip

Permanent Address (if different)

City

State

Zip

(____)_____
Business Phone

(____)_____
Home Phone

Personal Information

Have you ever applied to or worked for the City of Beaumont before?

☐ Yes ☐ No

If yes, when? _____

Do you have any friends or relatives working for the City of Beaumont?

☐ Yes ☐ No

If yes, state name(s) and relationship:

Name

Relationship

Name

Relationship

If hired, would you have a reliable means of transportation to and from work?

☐ Yes ☐ No

Are you at least 18 years of age? (If under 18, hire is subject to verification that you are of minimum legal age.)

☐ Yes ☐ No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?

☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations?

☐ Yes ☐ No

Personal Information, Continued

If no, describe the functions that cannot be performed:

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? ☐ Yes ☐ No
(Convictions for marijuana-related offenses that are more than two years old need not be listed.)
If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position applied for may, however, be considered.)

Education, Training and Experience

School	Name and Address	No. Years Completed	Graduate?	Diploma or Degree
High School	<div><div>Name</div><div>Address</div><div>CityStateZip</div></div>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University	<div><div>Name</div><div>Address</div><div>CityStateZip</div></div>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational/Business	<div><div>Name</div><div>Address</div><div>CityStateZip</div></div>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Care	<div><div>Name</div><div>Address</div><div>CityStateZip</div></div>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer	(____) _____ Telephone Number
Type of Business	Your Supervisor's Name
Address and Street	City State Zip
Dates of Employment: _____ From To	Weekly Pay: _____ Starting Ending
Your Position and Duties: _____ _____ _____	

Reason for Leaving: _____

May we contact this employer? ☐ Yes ☐ No

Name of Employer	(____) _____ Telephone Number
Type of Business	Your Supervisor's Name
Address and Street	City State Zip
Dates of Employment: _____ From To	Weekly Pay: _____ Starting Ending
Your Position and Duties: _____ _____ _____	

Reason for Leaving: _____

May we contact this employer? ☐ Yes ☐ No

Employment History, Continued

_____ Name of Employer	(____)_____ Telephone Number		
_____ Type of Business	_____ Your Supervisor's Name		
_____ Address and Street	_____ City	_____ State	_____ Zip
Dates of Employment: _____ From To	Weekly Pay: _____ Starting	_____ Ending	

Your Position and Duties:

Reason for Leaving: _____

May we contact this employer? ☐ Yes ☐ No

Note: Attach additional pages if necessary

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____ First Name	_____ Last Name	(____)_____ Telephone Number
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_____ Address	_____ City	_____ State	_____ Zip
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_____ Occupation	_____ No. Years Acquainted
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_____ First Name	_____ Last Name	(____)_____ Telephone Number
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_____ Address	_____ City	_____ State	_____ Zip
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_____ Occupation	_____ No. Years Acquainted
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_____ First Name	_____ Last Name	(____)_____ Telephone Number
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_____ Address	_____ City	_____ State	_____ Zip
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_____ Occupation	_____ No. Years Acquainted
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Please Print, Read Carefully, Initial Each Paragraph and Sign Below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answer given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the City of Beaumont, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the City of Beaumont, and that no promises or representations contrary to the foregoing are binding on the City of Beaumont unless made in writing and signed by me and the company's designated representative.

Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstand judgment) be conducted by internal personnel employed by the City of Beaumont, I am entitled to copies of any such public records obtained by the City of Beaumont, unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

☐ I waive receipt of a copy of any public record described in the paragraph above.

_____/_____/_____
Date

Applicant's Signature